STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation Of STATE

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077		
1. TITLE OF NEWSPAPER MCCCC (Connected to the second seco	tentrise	2. DATE 9-23-2010
3. FREOUENCY OF ISSUE 3A. NO. OF ISSUES PUBLISH	HED ANNUALLY 3B. ANNUAL SUBSCRIPTION PRICE \$ \$ 35, / 841	
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) 70 Box 71 Flanding 5D 57028-0071		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) Bry 177 Brooking's 50 57006-01771 6. FULL NAME OF PUBLISHER: William N. INC WACKEN		
6. FULL NAME OF PUBLISHER: William N. IVIC WACKER		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
News Media Corporation	POBOX 46 Ruchie	HE TI WOLLS DOYL
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.		
Wells Fargo	AVED ACE NO CODIEC	
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A.TOTAL NO. COPIES (Net Press Run)	1800	1800
B.PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	308	320
Mail Subscription (Paid and or requested)	1114	1080
C.TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	1422	1400
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	34	34
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	ξ	C
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1456	1434
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	344	366
2. Return from News Agents	ð	C
G.TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1800	1800
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public		
I swear that the statements made by me are true, correct, and complete:		
(Signature)	Publisher (Title)	
Sworn to before me this 23 day of Sint 20 16		
State of South Oasen (
County (ISEAL) SOUTH DAKOTA (SEAL)		

Form: SOS REC 051 7/2004